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MN023201. Navy Medicine Aids in Miners' Rescue

By Jan Davis, Bureau of Medicine and Surgery

SOMERSET, Pa. - For CAPT Dale Mole', MC, if there is a moral to the story of the rescue of the nine miners trapped 240 feet underground for more than three days, it's that Navy Medicine is steaming to assist.

Last Thursday morning, Mole', the Bureau of Medicine and Surgery's director of undersea medicine, had been following the drama of the trapped miners just as the rest of America was when a high priority e-mail flashed on his computer. It was from LCDR Raul A. Velez, a Naval Reservist assigned to the Navy and Marine Corps Reserve Center Pittsburgh, near Somerset. Velez had been contacted by LCDR Nick Colovos, MC, a Naval Reservist who was also a member of the civilian Special Medical Response Team (SMRT) at the mine site. His question: does the Navy have a mobile decompression chamber that might be transported to the site to treat the miners once they were rescued?

Several telephone calls and a few hours later, nine Navy portable hyperbaric chambers from eight different commands were on the road, arriving in the open field with trucks and equipment at 10 p.m. that night. With them were two Navy diving medical officers, Mole' and CAPT Henry Schwartz, MC, and 57 hospital corpsmen and divers, all with diving medicine skills.

"The SG (Navy Surgeon General) recognized that there was no other organization that could do what needed to be done," said Mole'. "Like our motto says, we were 'steaming to assist,' moving out to provide the expertise needed. In this case, we were going to decompress miners in a cow pasture in Pennsylvania."

The chambers and Navy Medicine know-how were needed to help prevent the miners from getting decompression sickness, or "the bends," a very painful and sometimes fatal condition that is caused by a too rapid ascent. When water flooded into the mine at about 200,000 gallons a minute, a wall of water compressed the air to about twice normal atmospheric pressure, enough to cause the bends.

Mole' said that fortunately, with the exception of one miner, there wasn't much need for their hyperbaric chambers because so much water had been pumped out of the mine at, serendipitously, just the right pace to prevent decompression sickness. But Navy Medicine was still able to provide

assistance. There were hundreds of rescue, medical and mining experts participating in the rescue, but few had the experience of setting up for what might be a long term effort. Navy Medicine, however, did. They were able to make valuable recommendations on everything from sanitation to privacy protection.

"We know how to work in the field," said Mole'.

Navy Medicine's efforts didn't go unnoticed. Mole' overheard Sipesville (Pa.) Fire Chief Mark Zambanini tell a reporter that he wanted to "thank President Bush for sending in the military."

"He didn't know it was the Navy Surgeon General who sent us," said Mole'. "But I think we all appreciated the spirit of his words."

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MN023202. Field First Aid Kits Redesigned To Save Lives

By Jan Davis, Bureau of Medicine and Surgery

QUANTICO, Va. - Few Hospital Corpsmen in the world know more about saving lives in the field than Thomas M. Eagles.

As a young corpsman in Vietnam, he served six years in the battlefield, patching up wounded Marines and Sailors, flying medevac, building dispensaries, and even saving an injured child from an active minefield.

HMCN Eagles retired nine years ago, but his intense caring for the well being of others hasn't changed. He wears civilian clothes, but he still works to save the lives of Marines, Sailors, soldiers and airmen, if from behind a desk.

Eagles is now an acquisition project officer with Marine Corps Systems Command. His mission is to make a better individual first aid kit for Marines and Navy Medicine personnel to carry in the field. According to Eagles, it's the first time in more than 20 years the kit has been revamped.

"My number one imperative (to improve the kit) is to provide Marines with a new capability to stop bleeding as quickly as possible," said Eagles. He said that fully half of warriors wounded in the field who die do so because of blood loss - a statistic that hasn't changed since World War II, and one he has a personal interest in improving.

"I've seen Marines bleed to death in the field," said Eagles, grimly. "It's not something I want to see again."

His search for a way to stop bleeding led him to QuickClot, a coarse, super clotting powder that he found almost serendipitously. An informal conversation with a visitor to his office lead to a discussion about a moisture-absorbing component of a newly developed oxygen generator.

"I asked him if it would stop bleeding," said Eagles. "He said his boss cut himself while shaving and it worked, and that his little daughter had scraped her knee and it worked on that, too. I asked him to send a sample of it to me overnight mail."

At the same time, the Office of Naval Research and the Marine Corps Warfighting Laboratory were working on developing a dressing that would control bleeding.

"ONR and MCWL had money to look at three (clotting) candidates," said Eagles. "We had three lined up to look at, but one didn't get FDA clearance in time. We needed a third, so I asked them to look at the sample."

Eagles admitted that he wasn't enthusiastic about the powder.

"I had to change my way of thinking," said Eagles. "The others I looked at were pads, something corpsmen were familiar with. This was completely different."

Besides being exceptionally effective in stopping the bleeding, the sample, now called QuickClot, is simple to use - tear a corner off the

plastic bag and pour the powder on the wound. Virtually indestructible, and biologically and chemically inert, it is well suited for the harsh conditions of the battlefield. It's also much cheaper than the other proposed candidates.

Another change to the kit includes a newly developed tight-cinching battle dressing, made from common materials.

"It's really just an elastic wrap bandage, a feminine pad, a Velcro strip, and a shower hook," said Eagles. The big difference from battle dressings used in the past is that it's easy and quick to use, and super absorbent.

In fact, like QuickClot, it can be applied with one hand in less than thirty seconds.

The third new key component in the kit is a crinkled absorbent vacuum-packed rolled bandage that can either be unwound and used like gauze or wadded into the wound as a back up for QuickClot.

"The three of them used together are incredibly effective in stopping bleeding," said Eagles. "I'm convinced it will change the statistics."

The remaining contents of the kit include ten band-aids for scrapes and scratches, water purification tablets, and Betadine, a germ killing liquid. The contents fit tightly into an olive green cloth pack.

Another plus for the new kit is that it weighs only 11 ounces, five ounces lighter than the old one. The weight saving is something to be excited about when a Marine's or SEAL's pack may already weigh 80 pounds or more.

Eagles said that a few of the new field first aid kits are already in use in Afghanistan, and are scheduled for widespread use in the field with the Marines and Navy Medicine personnel as early as next year.

One of Eagles' next projects is to evaluate the hospital corpsman's medical kit used in the field.

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MN023203. Navy, Community Hospitals Partner To Enhance Emergency Nurse Readiness

By LCDR Christopher Schmidt, NC, and LT Jeffrey Johnson, NC,
Naval Hospital Jacksonville

JACKSONVILLE, Fla. - It's good news that the number of trauma cases that come to the emergency department at Naval Hospital Jacksonville is very low. But this good news leads to an odd dilemma. How do Navy emergency department nurses get the practical experience they need to be ready to cope with the trauma a terrorist attack or combat might bring?

Naval Hospital Jacksonville is addressing this problem by partnering with Shands Jacksonville Medical Center's level 1 trauma center. Through hands-on experience at Shands, Navy nurses are given the opportunity to increase proficiency in both the care of patients with multi-system trauma and with multi-system trauma undergoing cardio-pulmonary arrest.

Shands Jacksonville is a 760-bed academic medical center and is the only state-approved level 1 adult and pediatric trauma center in Northeast Florida and Southeast Georgia.

The center's emergency department is a 72-bed facility that sees 4,200 critically injured patients annually.

The Navy nurses complete an 80-hour, two-week rotation of 12-hour shifts in both the emergency department's medical/ resuscitation intensive care unit and trauma bay. They are scheduled during peak patient load to get as many experiences as possible.

Five Navy nurses have been through the program so far, coping with such trauma cases as near amputations, intracranial hemorrhage, burns, open

fractures, and gunshot wounds. One Navy nurse said he participated in more traumatic resuscitations in one day at Shands than in the entire year in Naval Hospital Jacksonville's emergency room.

"We have seen our nurses come back from the rotation more confident in their role as an ER (emergency room) nurse," said CAPT Gary Lammert, MC, Naval Hospital Jacksonville's emergency department head. "Once anxious to care for a critically ill patient, they appear much more eager to jump in and take on that challenge."

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MN023204. Witness to History: USS Forrestal Fire

By LCDR Mary Jenkins, MSC, Naval Dental Center Camp Pendleton, Calif.

CAMP PENDELTON, Calif. - CAPT Samuel Mowad, DC, is retired now, a successful career as a Navy dentist in his wake. Yet the memories of what happened to him and his ship more than 35 years ago is still something he talks about, with the hope that sharing his experiences will help prepare others.

Mowad was a young Lieutenant aboard the aircraft carrier USS Forrestal (CVN-59) on July 29, 1967 when a stray Zuni rocket from a F-4 Phantom, triggered by stray voltage, set off a chain of events that left 134 dead and more than 300 injured.

The deadly chain reaction began when the rocket hit a parked and armed A-4 Skyhawk (piloted by a young LT John McCain), rupturing its fuel tanks and feeding fires that enveloped planes parked on deck. The impact also sent a 1,000-pound bomb into the fire, which "cooked off" and killed the flight deck chief and the first wave of trained fire fighters.

More explosions followed, engulfing half the airwing's aircraft and blowing holes into the steel flight deck. Fuel and broken and burning aircraft fell through the holes, spreading the fire deep into the ship. The crew heroically fought the fire, rushing to dump armed bombs and aircraft over the side.

It took an hour for the flight deck fire to come under control. Other fires raged throughout the day and into the night. The crew - most untrained in fire fighting and damage control - saved the ship and hundreds of lives by sheer courage and force of will.

As the fires died, Mowad's job, and those of his Navy Medicine comrades, was just beginning. He and his dental technicians triaged and treated the dying and wounded; in one 20-minute period, he personally performed two life-saving emergency tracheotomies and a leg amputation.

Mowad continued to serve the deceased by transferring to the hospital ship USNS Repose for four days to help identify the dead.

Since World War II, no U.S. ship has lost more Sailors than Forrestal; no ship has withstood the pounding it survived that day.

Forrestal would spend more than 7 months in the yards undergoing repairs, and would serve for another 26 years.

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Editor's note: CAPT Mowad shared his story with the 1st Dental Battalion and the Naval Dental Center Camp Pendleton on July 29, 2002, 35 years to the day after the USS Forrestal fire.

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MN023205. Hospital Ship Comfort Key to MEDCEUR 02 Success

From MEDCEUR 02 Public Affairs

TALLINN, Estonia - USNS Comfort (T-AH 20) docked in the early morning hours July 23 at the Tallinn pier here to assist with exercise Medical Central Europe 2002, known as MEDCEUR 02.

The exercise focuses on medical response in times of disaster and

humanitarian relief involving both civilian and military medical personnel. The three Baltic nations of Estonia, Lithuania and Latvia are participating with the U.S. in MEDCEUR 02, which officially began July 17 at Camp Paldiski, Estonia.

Homeported in Baltimore, Md., USNS Comfort serves as an afloat, mobile, acute-surgical medical facility, providing assistance in war and peacetime situations worldwide.

The ship's 1,000 hospital bed capacity, X-ray, surgical, intensive care, CAT scan and blood unit makes it a valuable fleet asset. Navy medical personnel are diversely specialized and trained, and the ship's support personnel ensure patients and crewmembers are well fed and cared for.

Over 890 feet long with a total crew of 1,276 during full operating status, the ship has proven her value and flexibility in a variety of exercises and operations to include Desert Storm, Haitian migrant operations, Baltic Challenge 98 and now, MEDCEUR 02.

The ship and its medical personnel are training civilian and military personnel of all participating nations, while in Tallinn, finishing the exercise with a mass casualty drill assisted by Camp Paldiski medical personnel.

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MN023206. First Person: HMC Michael E. Stiney

(Stiney is program manager for development of the Tactical Medical Coordination System, a computerized system that tracks patients from the battlefield to the hospital. These are his own words about being in charge of the project.)

With all the projects I've been involved with in my 19 years with the Navy, this one is really exciting. Who ever thought when I started out in the Navy as an undesignated seaman that I would be the head of a large project like this?

Usually, a commissioned officer or someone with a Ph.D. heads up this type of project. My superiors had confidence in my abilities. They knew I had the technical know-how and corporate knowledge to make this a success.

I had done a tour with the Marines where I was involved with tracking casualties and thought there could be a better way to track them. I couldn't help but reflect back on my experiences with the Marines.

Right away, I knew my first task was to get more funding. Of course, that meant selling my idea, so I set out doing a lot of proposal writing and meeting with key people. I felt good about being the project manager because I knew I had a good team working with me. I felt strongly about tailoring my leadership style to meet the needs of the project. I usually try to let the team see their own way, while realizing they will need guidance as we move forward.

I enjoy working with computers because of what they can do to improve the way we do business.

The first test exercise was on a chilly day. It was good to see it was a worthwhile effort. It certainly ran its course in the press. We got coverage in the New York Times, the Fox News website, and a local cable channel. I admit I was a little nervous when we were on the cable television channel.

This project is not only a lifesaver, but it will benefit Navy Medicine because it is a better way to track casualties and save lives.

- Interviewed by Aveline V. Allen, Bureau of Medicine & Surgery

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MN023207. Reservists Leaving Active Duty Get Improved Transitional Health Care Benefits

FALLS CHURCH, Va. - Recent changes to military health care benefits will aid Naval Reservists and others who are mobilized in support of the war on terrorism.

Under the revised transitional health care benefit plan, Reservists who were ordered to active duty for more than 30 days in support of a contingency and who have more than six years total active federal service are eligible for 120 days of health care following their recall to active duty. Reservists with less than six years service will get 60 days of continued medical care.

Family members are also covered under this plan. Coverage is retroactive to Jan. 1, 2002.

Eligibility for these benefits will be determined by information in the Defense Enrollment Eligibility Reporting System (DEERS).

Members and families who were enrolled in TRICARE Prime while on active duty will automatically be disenrolled upon release from active duty. Reservists or family members must actively re-enroll if they wish to continue TRICARE Prime during the transitional health care period. An enrollment form is available on the TRICARE Website at www.tricare.osd.mil or at a local TRICARE Service Center. No enrollment is necessary for TRICARE Standard or Extra.

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MN023208. HealthWatch: When Good Food Goes Bad ...

LT Shawn Ricklefs, MSC, Naval Hospital Cherry Point

CHERRY POINT, N.C. - With warm weather upon us, the desire for al fresco dining makes many of us head for picnic tables with baskets in hand. It is extremely important that we protect our food during these outings to ensure a safe and healthy outcome occurs.

Each year, newspapers have numerous examples of people getting sick at picnics or other outdoor events where food is served. These incidents can cause very painful symptoms and ruin the memory of a wonderful outing. But a few precautions when eating outdoors during hot weather can keep you and your family and friends safe and healthy:

- Keep hot foods hot and cold foods cold. Cold items, such as potato salad, should be kept in coolers packed with ice. Hot items should be kept in an insulated container until served.

- Never leave food sitting out longer than the meal period. This time should not exceed 1-2 hours.

- It's not a good idea to keep leftovers; however, if you decide to keep them, place them in a cooler filled with ice immediately after the meal.

- Keep your picnic simple. Avoid preparing food at the picnic site other than what you will cook on the grill.

- Cook all meat items thoroughly. Pay special attention to hamburger patties. They should be cooked until there is no pink in the middle and the juices run clear.

- Always cover the food during service to protect it from crawling and flying insects.

- Never serve food with your hands. Tongs, spoons and other utensils should be used.

- Wash your hands before handling foods and always be sure to wash your hands after using the bathroom.

Bacteria cause most contamination and food borne illnesses, and it only takes warmth, moisture, nutrients and time for bacteria to grow and multiply. It takes one bacterium just 10 minutes to split into two and nine hours to become 100 million bacteria. Therefore, if you eliminate the chance for bacteria to grow, you will eliminate the risk for food poisoning.

Take the proper steps by protecting your food, and enjoy the fun of a healthy picnic. Remember these basic principles of food safety and you will continue to have safe food and fun time.

- Ricklefs is head of preventive medicine at Naval Hospital Cherry Point.

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